

Independent Review Of Disputed Claims

From 01/01/07 through 12/31/07

Provider Types

- 15 Hospital
- 2 Lab Work
- 6 Other (Requires Description)
- 13 Physician
- 3 Supported Housing/Living &
- 1 Transportation
- 29 Undefined

Decisions

- 6 MCO
- 1 MCO in Part /Provider in Part
- 13 Provider
- 8 Settled For Provider
- 39 Ineligible
- 2 Pending

Total Requests 69

AmeriGroup

Record	912	Date Received	8/28/2007	
Prov Name	University Medical Center	Provider Type	Undefined	
MCO Name	AmeriGroup			
Decision	Provider	Date	Amount Awarded	\$13,529.25
DecisionNote				
Eligibility	Eligible			
Issue	denied for service not covered under plan			

Assorted MCOs

Record	896	Date Received	7/3/2007	
Prov Name	Americare Home Health Agency	Provider Type	Undefined	
MCO Name	Assorted MCOs			
Decision	Ineligible	Date	Amount Awarded	\$0.00
DecisionNote	Mailed ineligible ltr to provider 7/12			
Eligibility	Ineligible			
Issue	Various			

John Deere Health Plan, Inc.

Record	880	Date Received	3/28/2007
Prov Name	Jellico Hospital Billing Department	Provider Type	Undefined
MCO Name	John Deere Health Plan, Inc.		
Decision	Provider	Date	Amount Awarded
DecisionNote	Mailed to V. Epstein 4/5/07		\$2,600.00
Eligibility	Eligible		
Issue	Denied for N29 (missing documentation) and B22, claims adjusted based on diagnosis		

Record	884	Date Received	4/23/2007
Prov Name	W. Carl Dyer, Jr., M.D., F.A.C.S.	Provider Type	Physician
MCO Name	John Deere Health Plan, Inc.		
Decision	Ineligible	Date	Amount Awarded
DecisionNote	Called Glenda on 5/2 requesting that she send me a copy of the contract. I have not recv'd anything from provider.		\$0.00
Eligibility	Ineligible		
Issue	Enrollee lost insurance 12/05. Provider still treated patient as a self-pay. Enrollee reinstated in 10/06. Since patient was self-pay dr didn't do authorization		

Record	924	Date Received	10/31/2007
Prov Name	John K. Thompson, M.D.	Provider Type	Physician
MCO Name	John Deere Health Plan, Inc.		
Decision	Provider	Date 1/2/2008	Amount Awarded
DecisionNote	Per Independent Reviewer, provider's position is upheld by default.		\$2,174.00
Eligibility	Eligible		
Issue	No precert. Response due 1/8/08.		

Memphis Managed Care Corporation/TLC Family Care

Record	925	Date Received	10/19/2007
Prov Name	Methodist Healthcare	Provider Type	Undefined
MCO Name	Memphis Managed Care Corporation/TLC Family Care		
Decision	Provider	Date	2/4/2008
DecisionNote		Amount Awarded	\$11,987.00
Eligibility	Eligible		
Issue	Pts primary insurance termed during hospital stay. Just received information from provider to make eligible. Will go out on 12/4/07.		
Record	927	Date Received	11/20/2007
Prov Name	Windsor Home Care Network	Provider Type	Supported Housing/Living
MCO Name	Memphis Managed Care Corporation/TLC Family Care		
Decision	Ineligible	Date	
DecisionNote		Amount Awarded	\$0.00
Eligibility	Ineligible		
Issue	charges were not keyed, claim is past 180 days per MMCC		

Preferred Health Partnership of Tennessee, Inc.

Record	862	Date Received	1/5/2007	
Prov Name	William Carl Dyer, Jr.	Provider Type	Physician	
MCO Name	Preferred Health Partnership of Tennessee, Inc.			
Decision	Provider	Date	Amount Awarded	\$4,102.00
DecisionNote	Mailed to Donald Hundley 1/12/07 MCO paid provider and IR 3-27-07			
Eligibility	Eligible			
Issue	Denied due to timely filing			
Record	870	Date Received	1/30/2007	
Prov Name	W. Carl Dyer, Jr., M.D., F.A.C.S.	Provider Type	Physician	
MCO Name	Preferred Health Partnership of Tennessee, Inc.			
Decision	MCO	Date 4/9/2007	Amount Awarded	\$914.00
DecisionNote	Mailed to Amy Bryson-Smith 2/5/07			
Eligibility	Eligible			
Issue	Originally filed under the patients TennCare and paid. Pt did have work comp but was uncertain what was covered. Claim was paid but retracted 5/06.			

Record	871	Date Received	1/30/2007
Prov Name	W. Carl Dyer, Jr., M.D., F.A.C.S.	Provider Type	Undefined
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Decision	MCO	Date	Amount Awarded \$10,500.00
DecisionNote	Mailed to Linda Burnsed 2/5/07 The MCO's denial of the claim is upheld and Provider's right to reimbursement for the subject claims has been forfeited. --		
Eligibility	Eligible		
Issue	CPT code was denied, reason for denial was stated the CPT code exceeds the recommended daily quantity. CPT code was filed without a modifier 59 on lines 5 & 7 which was a typo and modifier 59 was put on the other lines. They should have filed with a modifier 59 stating that it was a distinct procedural serv.		

Record	875	Date Received	2/27/2007
Prov Name	Women's Center of Greenville	Provider Type	Hospital
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Decision	MCO	Date	Amount Awarded \$0.00
DecisionNote	NO AWARD. Mailed to J. Manley 030807 MCO is within its contractual rights to deny payment without pre-authorization. There was no evidence that demonstrated any improper actions by MCO.		
Eligibility	Eligible		
Issue	Due to an oversight, office personell notification was not obtained. This has never happened before and would appreciate your reconsideration. (per provider)		

Record	876	Date Received	2/27/2007
Prov Name	Associates in Women's Health	Provider Type	Undefined
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Decision	Ineligible	Date	Amount Awarded \$0.00
DecisionNote	Provider sent this to the commissioner...SGW said to handle this as a provider complaint. 2007.026		
Eligibility	Ineligible		
Issue	on the sterilization consent form, someone marked out instead of writing n/a in the blank.		

Record	877	Date Received	3/1/2007
Prov Name	LaFollette Health Clinic	Provider Type	Other (Requires
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Decision	Ineligible	Date	Amount Awarded
DecisionNote			\$0.00
Eligibility	Ineligible	No IR form, no contract and no check for 450.00	
Issue	Timely filing		

Record	878	Date Received	3/6/2007
Prov Name	Summit Medical Group	Provider Type	Physician
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Decision	Ineligible	Date	Amount Awarded
DecisionNote			\$0.00
Eligibility	Ineligible	No IR request form, no disputed claim, no denial from MCO, no appeal, no contract and no check for 450.00	
Issue	Witness' signature line was changed per MCO		

Record	882	Date Received	4/17/2007
Prov Name	Campbell County EMS	Provider Type	Transportation
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Decision	Ineligible	Date	Amount Awarded
DecisionNote			\$0.00
Eligibility	Ineligible	There was no information for this other than the ltr from PHP and transaction summary report.	
Issue	Ineligible	No IR form, no disputed claim, no denial from MCO, no written reconsideration and no contract	
Issue	Not sure why claim was denied.		

Record	887	Date Received	4/26/2007
Prov Name	W. Carl Dyer, Jr., M.D., F.A.C.S.	Provider Type	Physician
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Decision	Provider	Date	Amount Awarded
DecisionNote			\$876.00
Eligibility	Recv'd ltr from PHP 7/23/07 regarding payment to provider of \$455.26. Ltr also stated PHP paid IR fees.		
Issue	mailed to Linda Burnsed 5/4/07		
Eligibility	Eligible		
Issue	Timely Filing		

Record	894	Date Received	6/25/2007
Prov Name	Rajeev Gupta, M.D.	Provider Type	Undefined
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote	Mailed to provider 6/29/07		
Eligibility	Ineligible		
Issue	Denied for timely filing		

Record	899	Date Received	7/13/2007
Prov Name	East Tennessee Surgical Group, P.C.	Provider Type	Physician
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Decision	MCO	Date	Amount Awarded
		11/6/2007	\$0.00
DecisionNote	NO AWARD. Mailed to R. Garry Chaffin 8/23/07		
Eligibility	Eligible		
Issue	Denied for timely filing		

Record	903	Date Received	7/24/2007
Prov Name	Athens Women's Clinic, P.C.	Provider Type	Undefined
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Decision	Settled For Provider	Date	Amount Awarded
		11/20/2007	\$390.84
DecisionNote	10/3 recv'd info from provider to make it eligible		
Eligibility	Eligible		
Issue	timely filing		

Record	908	Date Received	8/2/2007
Prov Name	Wellmont Health System	Provider Type	Undefined
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote	Mailed ineligible ltr to provider 8/17/07		
Eligibility	Ineligible		
Issue	Authorization was for 23 hour observation only.		

Record	910	Date Received	8/20/2007
Prov Name	Firelands Community Hospital	Provider Type	Undefined
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote	Mailed ineligible ltr to Nolan Williams 9/5/07		
Eligibility	Ineligible No IR form, no contract and no 450.00 check		
Issue	Timely filing		

Record	916	Date Received	9/25/2007
Prov Name	Wellmont Hawkins County	Provider Type	Hospital
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote			
Eligibility	Ineligible No reconsideration, no provider contract and no 450.00 check		
Issue	Timely Filing		

Record	918	Date Received	10/1/2007
Prov Name	W. Carl Dyer, Jr., M.D., F.A.C.S.	Provider Type	Physician
MCO Name	Preferred Health Partnership of Tennessee, Inc.		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote			
Eligibility	Ineligible No IR form filled out, no contract and no check for 450.00		
Issue	Denied due to inappropriate billing. Appeal was done then denied because corrected claim was not attached		

Premier Behavioral Systems of Tennessee, LLC

Record	879	Date Received	3/6/2007
Prov Name	Methodist Healthcare	Provider Type	Undefined
MCO Name	Premier Behavioral Systems of Tennessee, LLC		
Decision	Settled For Provider	Date	Amount Awarded
			\$11,716.22
DecisionNote			
Eligibility	Eligible		
Issue	Denied from MCO stating patient did not need treatment		

Tennessee Behavioral Health, Inc.

Record	911	Date Received	8/8/2007
Prov Name	Excelcare	Provider Type	Undefined
MCO Name	Tennessee Behavioral Health, Inc.		
Decision	Provider	Date 11/8/2007	Amount Awarded \$2,595.82
DecisionNote	Mailed to Valerie Epstein 9/5/07		
Eligibility	Eligible		
Issue	timely filing		

Record	913	Date Received	8/24/2007
Prov Name	SkyRidge Medical Center	Provider Type	Undefined
MCO Name	Tennessee Behavioral Health, Inc.		
Decision	Ineligible	Date	Amount Awarded \$0.00
DecisionNote			
Eligibility	Ineligible		
Issue	Three days approved with one day not being approved		

Unison Health Plan

Record	861	Date Received	1/3/2007
Prov Name	Memphis Surgery Center	Provider Type	Hospital
MCO Name	Unison Health Plan		
Decision	Provider	Date 7/27/2007	Amount Awarded \$12,954.00
DecisionNote	Mailed 5/23/07		
Eligibility	Eligible		
Issue	UHP only allowed for procedure 28296; however, there were three other procedures performed on three separate toes.		

Record	864	Date Received	1/16/2007
Prov Name	Center for Comprehensive Services	Provider Type	Hospital
MCO Name	Unison Health Plan		
Decision	MCO	Date 7/18/2007	Amount Awarded \$0.00
DecisionNote	NO AWARD. The charge in question is a non-covered service and the MCO is not required to pay the claim.		
	mailed to G. Chaffin 030807		

Eligibility Eligible

Issue Denied for no medical necessity for additional rehabilitation days.

Record	865	Date Received	1/16/2007
Prov Name	Center for Comprehensive Services	Provider Type	Hospital
MCO Name	Unison Health Plan		
Decision	MCO	Date	Amount Awarded \$0.00
DecisionNote	NO AWARD. Sent to Valerie Epstein 1/23/07 NO AWARD. 6/29/07 recv'd decision from IR. She upholds the MCO's decision as the TennCare program clearly states that these services are not covered for adults over the age of 21 unless the MCO determines at its sole discretion that the care is cost effective. MCO did not state the reason as being a cost issue. Neither party addressed the issue of cost efficiency		

Eligibility Eligible

Issue No medical necessity for additional inpatient rehabilitation days.

Record	866	Date Received	1/17/2007
Prov Name	Center for Comprehensive Services	Provider Type	Hospital
MCO Name	Unison Health Plan		
Decision	Provider	Date	Amount Awarded \$17,500.00
DecisionNote	Mailed to G. Chaffin 1/23/07 requested refund for provider 3/19/07. Recv'd confirmation on 5/25/07 stating that the State has reimbursed the 450.00 fee for IR. Voucher # 1805.		

Eligibility Eligible

Issue No medical necessity for additional inpatient rehabilitation days.

Record	867	Date Received	1/17/2007
Prov Name	Memphis Surgery Center	Provider Type	Hospital
MCO Name	Unison Health Plan		
Decision	Provider	Date	Amount Awarded
			\$733.90
DecisionNote	Mailed to Van Pinnock 2/1/07 PLN sent a letter to UHP, Karen Heim-McKean regarding payment to provider. MCO owes the provider \$3,572.00 per IR's decision		
Eligibility	Eligible		
Issue	Denied for cpt code not valid and denied for authorization being required.		

Record	868	Date Received	1/19/2007
Prov Name	Regional Home Care	Provider Type	Undefined
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote			
Eligibility	Ineligible		
Issue	unknown, provider did not send enough informaiton.		

Record	869	Date Received	1/22/2007
Prov Name	Holston Medical Group	Provider Type	Undefined
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote			
Eligibility	Ineligible	No IR form, no denial from MCO, no reconsideration, no contract and no check	
Issue	Grandmother thought child had ins with BlueCare. Patient did not have ins with BlueCare but with Better Health. UHP denied for tax ID invalid for provider billed.		

Record	872	Date Received	2/1/2007
Prov Name	Mid-South Pulmonary Specialists, P.C.	Provider Type	Undefined
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
			\$837.27
DecisionNote	Mailed ineligible ltr 2/16/07		
Eligibility	Ineligible	No IR form, no denial from MCO, no appeal, no provider contract and no check	
Issue	Information reviewed is insufficient proof of timely filing. Plan requires the receipt of a claim within 120 dats		

Record	873	Date Received	2/21/2007
Prov Name	Cancer Care Center of Jackson	Provider Type	Other (Requires
MCO Name	Unison Health Plan		
Decision	Settled For Provider	Date	Amount Awarded \$837.27
DecisionNote	Mailed Ad Hoc letter to Kelly Scherff regarding charges of 3681.00 that was not addressed. 7/9/07		
	mailed eligible ltr to Amy Bryson-Smith 5/4/07		
	mailed ineligible ltr. 03/05/07		
Eligibility	Eligible		
Issue	Provider failed to provide medical documentation to support a separate payment is warranted		

Record	874	Date Received	2/23/2007
Prov Name	Childrens Hospital . St. Luis	Provider Type	Hospital
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded \$0.00
DecisionNote	Mailed ineligible ltr 03/05/07		
Eligibility	Ineligible		
Issue	Charge exceeds contracted amount and ineligible procedure (per EOB)		

Record	881	Date Received	4/12/2007
Prov Name	Regional Medical Center at Memphis	Provider Type	Hospital
MCO Name	Unison Health Plan		
Decision	Settled For Provider	Date	Amount Awarded \$19,978.47
DecisionNote	Called Johnie at The Med to let her know that the MCO will be paying claim.		
Eligibility	Eligible		
Issue	Based on the diagnosis code billed, Behavioral health is the responsible payor. In addition, the resubmitted claim was recv'd outside of the plans timeframe		

Record	883	Date Received	4/23/2007
Prov Name	Isaac John, M.D., P.C.	Provider Type	Undefined
MCO Name	Unison Health Plan		
Decision	Provider	Date	Amount Awarded
			\$2,515.00
DecisionNote	Mailed to R. Chaffin 5/11/07		
Eligibility	Eligible		
Issue	Plan overlooked the providers failure to obtain prior authorization.		

Record	885	Date Received	4/23/2007
Prov Name	Isaac John, M.D., P.C.	Provider Type	Physician
MCO Name	Unison Health Plan		
Decision	Provider	Date	Amount Awarded
			\$5,805.00
DecisionNote	Mailed to D. Hundley 5/11/07		
Eligibility	Eligible		
Issue	DOS is 7/19/06. Authorization for payment cannot be considered for any date prior to 7/20/06.		

Record	886	Date Received	4/27/2007
Prov Name	Marietta Gynecologic Associates	Provider Type	Undefined
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote			
Eligibility	Ineligible		
Issue	Recv'd only a letter from UHP denying claim.		

Record	888	Date Received	5/1/2007
Prov Name	Southeastern ER Phys (Alcoa Billing Center)	Provider Type	Physician
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote	Mailed ineligible ltr 5/11/07		
Eligibility	Ineligible No IR Form, no appeal, no contract and no check for \$450.00		
Issue	Denied as an included procedure then denied again as a duplicate claim		

Record	889	Date Received	5/2/2007
Prov Name	Isaac John, M.D., P.C.	Provider Type	Physician
MCO Name	Unison Health Plan		
Decision	MCO in Part	Date	Amount Awarded
			\$637.50
DecisionNote	Mailed to John Manley 5/11/07		
Eligibility	Eligible		
Issue	Denied for no authorization		

Record	890	Date Received	5/16/2007
Prov Name	Methodist Healthcare	Provider Type	Hospital
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote	Mailed ineligible ltr 6/8/07		
Eligibility	Ineligible		
Issue	Denied for late notification. Only appealing days from 1/19/07-1/22/07 as the last five days were approved.		

Record	891	Date Received	5/30/2007
Prov Name	Haywood Park Community Hospital	Provider Type	Hospital
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote	Mailed ineligible letter 6/21/07		
Eligibility	Ineligible No IR form, no denial from MCO, no reconsideration request, no contract and no check		
Issue	Wrong social and dob. The appeal had to be further delayed until the patient access representative could be notified and the correct identification put on the record for appeal		

Record	892	Date Received	6/14/2007
Prov Name	Home Healthcare Resources	Provider Type	Supported Housing/Living
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote	Mailed ineligible ltr to provider 6/29		
Eligibility	Ineligible No IR form, no contract and no check for 450.00		
Issue	Denied for timely filing		

Record	893	Date Received	6/15/2007
Prov Name	Home Healthxare Resources	Provider Type	Supported Housing/Living
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote	Mailed ineligible ltr to provider 6/29		
Eligibility	Ineligible No IR form, no contract and no check for 450.00		
Issue	Procedure not valid		

Record	895	Date Received	7/5/2007
Prov Name	Henry County Healthcare Center	Provider Type	Undefined
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote	Mailed ineligible ltr to provider 7/12/07		
Eligibility	Ineligible Provider did not send anything to make it eligible.		
Issue	4/25/07 ltr from UHP to Provider, While the untimely filing has been overlooked, the Plan is unable to consider payment as the information submitted does not contain enough information for the plan to review for medical necessity. Therefore, payment in this case cannot be considered.		

Record	897	Date Received	6/18/2007
Prov Name	Cancer Care Center of Jackson	Provider Type	Other (Requires
MCO Name	Unison Health Plan		
Decision	Settled For Provider	Date	Amount Awarded
		9/12/2007	\$5,695.00
DecisionNote	Mailed to Amy Bryson-Smith 7-9-07		
Eligibility	Eligible		
Issue	Denied 77334 as bundled with 77301. Procedure billed with 59 modifier which should have broken the bundle.		

Record	898	Date Received	6/18/2007
Prov Name	Cancer Care Center of Jackson	Provider Type	Other (Requires
MCO Name	Unison Health Plan		
Decision	Settled For Provider	Date	Amount Awarded
			\$15,585.00
DecisionNote	Mailed to Linda Burnsed 7/10/07		
Eligibility	Eligible		
Issue	Denied as bundled but claim was billed with 59 modifier that should have broken the bundle		

Record	900	Date Received	7/16/2007
Prov Name	Purchase E.N.T.	Provider Type	Undefined
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote	Mailed ineligible ltr 7/27/07		
Eligibility	Ineligible		
Issue	Members eligibility should have been verified prior to rendering services		

Record	901	Date Received	7/18/2007
Prov Name	Hai V. Dang, M.D.	Provider Type	Undefined
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote	Mailed ineligible ltr 7/24/07		
Eligibility	Ineligible No IR form, no denial from MCO, no reconsideration, no contract and no check for \$450.00		
Issue	Denied for timely filing		

Record	902	Date Received	7/20/2007
Prov Name	Physicians Data Services	Provider Type	Undefined
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote	Mailed ineligible ltr 7/24/07		
Eligibility	Ineligible No IR form, no provider contract and no check for \$450.00		
Issue	Timely Filing		

Record	904	Date Received	7/31/2007
Prov Name	Watts Primary Care Pediatrics	Provider Type	Undefined
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote	Mailed ineligible ltr to provider 8/8/07		
Eligibility	Ineligible No IR form, no denial from MCO, no contract and no check for 450.00		
Issue	Issue already addressed, all internal avenues exhausted for 6 of the 7 claims		

Record	905	Date Received	8/7/2007
Prov Name	Wayne Memorial Hospital	Provider Type	Undefined
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote	Mailed ineligible ltr to provider 8/8/07		
Eligibility	Ineligible No IR form, no provider contract, no check for 450.00		
Issue	A complete copy of the medical records haad not been submitted for review		

Record	906	Date Received	8/6/2007
Prov Name	Cordova Pediatrics, PLLC	Provider Type	Undefined
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote	Mailed ineligible ltr to provider 8/8/07		
Eligibility	Ineligible No IR form, no disputed claim, no denial, no provider contract and no		
Issue	Medical records were not recv'd to determine medical necessity		

Record	907	Date Received	8/13/2007
Prov Name	Volunteer Community Hospital	Provider Type	Undefined
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote	Mailed ineligible ltr to provider 8/17/07		
Eligibility	Ineligible No IR form, no disputed claim, no provider contract and no check for		
Issue	payment authorization		

Record	909	Date Received	8/13/2007
Prov Name	Elite Emergency Services, LLC	Provider Type	Undefined
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
			\$0.00
DecisionNote	Mailed ineligible ltr to provider 8/17/07		
Eligibility	Ineligible No IR form, no disputed claim, no provider contract and no check for		
Issue	Timely Filing		

Record	914	Date Received	9/12/2007
Prov Name	Memphis Physical Therapy	Provider Type	Undefined
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
DecisionNote			\$0.00
Eligibility	Ineligible	They only sent itemized statement and medical records. No request form was filled out at all.	
Issue	Unison advised provider to file with GEICO. Therefore, provider felt no autho would be needed. Geico advised they were not aware of covering any accident. Then provider asked for retro autho.		

Record	915	Date Received	9/25/2007
Prov Name	Methodist LeBonheur Healthcare	Provider Type	Hospital
MCO Name	Unison Health Plan		
Decision	Settled For Provider	Date	11/7/2007
DecisionNote		Amount Awarded	\$3,914.00
Eligibility	Eligible		
Issue	Facility failed to timely notify the plan and request a payment authorization		

Record	917	Date Received	9/27/2007
Prov Name	All Childrens Clinic	Provider Type	Physician
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
DecisionNote			\$0.00
Eligibility	Ineligible		
Issue	Timely filing		

Record	919	Date Received	10/11/2007
Prov Name	Medical Center Laboratory	Provider Type	Lab Work
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
DecisionNote			\$0.00
Eligibility	Ineligible	No IR form complete, no contract and no check for 450.00	
Issue	Timely filing		

Record	920	Date Received	10/11/2007
Prov Name	Memphis Surgery Center	Provider Type	Hospital
MCO Name	Unison Health Plan		
Decision	Settled For Provider	Date	Amount Awarded
DecisionNote	According toUHP this claims was paid.		
Eligibility	Eligible		

Issue procedure code is considered redundant

Record	921	Date Received	10/10/2007
Prov Name	Alliance Infusion Services	Provider Type	Other (Requires
MCO Name	Unison Health Plan		
Decision	Pending	Date 1/7/2008	Amount Awarded
DecisionNote	Provider is entitled to an additional payment of 1734.66		
Eligibility	Eligible		
Issue	Not billed correctly. Response due 1/5/08.		

Record	922	Date Received	10/11/2007
Prov Name	Methodist Healthcare	Provider Type	Undefined
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
DecisionNote			
Eligibility	Ineligible		
Issue	Procedural Denial		

Record	923	Date Received	10/18/2007
Prov Name	Medical Center Laboratory	Provider Type	Lab Work
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
DecisionNote			
Eligibility	Ineligible No IR form, no disputed claim, no denial from MCO, no reconsideration to MCO, no contract and no check		
Issue	procedural denial		

Record	926	Date Received	11/1/2007
Prov Name	Memphis Surgery Center	Provider Type	Hospital
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
DecisionNote			\$0.00

Eligibility Ineligible Do not have reconsideration or appeal from MCO, no contract
Issue provider does not state nor is there a reason for denial in information sent from provider

Record	928	Date Received	11/21/2007
Prov Name	Gary A Passons	Provider Type	Physician
MCO Name	Unison Health Plan		
Decision	Ineligible	Date	Amount Awarded
DecisionNote			\$0.00

Eligibility Ineligible No IR form, no reconsideration request from MCO, no provider contract and no check
Issue This type of service requires a payment authorization obtained through the Plan's Utilization Management Department, a referral is not sufficient.

Record	929	Date Received	12/3/2007
Prov Name	Memphis Surgery Center	Provider Type	Other (Requires
MCO Name	Unison Health Plan		
Decision	Pending	Date	Amount Awarded
DecisionNote			\$0.00

Eligibility Eligible
Issue Provider requesting a refund in the amount of 212.78. MCO stated the claim was paid correctly but the provider says not.

Volunteer State Health Plan, Inc.

Record	863	Date Received	1/16/2007	
Prov Name	Center for Comprehensive Services	Provider Type	Hospital	
MCO Name	Volunteer State Health Plan, Inc.			
Decision	Provider	Date	Amount Awarded	\$23,400.00
DecisionNote	Mailed to Don Hundley 3807			
	Provider sent things needed to make it eligible.			
	Sent ineligible ltr 2/16/07			
Eligibility	Eligible			
Issue	MCO changed from VHP to TennCare Select. VHP was reestablished effective 2/7/06. After VHP was reinstated, provider called VHP to continue services, the request was treated as a precertification and later denied			